

# RURAL OPIOID AND SUBSTANCE USE DISORDER

Coordinated by the Department of Psychiatry JABSOM University of Hawai'i in partnership with the Hawai'i State Department of Health, Alcohol & Drug Abuse Division (ADAD), Hawai'i Youth Services Network (HYSN), and the Hawai'i Interagency Statewide Youth Network of Care (HI-SYNC)

Presented by: Kelley Withy, MD, PhD withy@hawaii.edu Date: 9/2/2022

### **Learning Objectives**

By the conclusion of the session, the audience will be able to:

- Understand differences in mental health needs between rural and urban areas of Hawai'i
- 2. Be able to describe island specific differences for substance use prevention, treatment and recovery between rural areas
- 3. Participate in idea generation for decreasing substance use in Hawai'i

## ADAD State Plan for a System of Care

The goal of this project is to assist ADAD in updating its state plan, which states the division's "efforts are designed to promote a statewide culturally appropriate, comprehensive system of substance abuse services to meet the treatment and recovery needs of individuals and families and to address the prevention needs of communities."

## Data Analytics Core

UH Pacific Health
Analytics
Collaborative

#### Culture Case Study Core

Native Hawaiian Culture Case Study, Puni Ke Ola project **System of Care Implications Core** 

UH Departmentof Psychiatry& Chapter Leads

Emerging Adult
Treatment Needs
Assessment

UH Department of Psychiatry



The SoC Implications Core includes a set of reports which discuss the Systems of Care for the intersection of substance use and public sector or specific populations

# **Substance Use**& Public Sector

Mental Health

Homelessness

**Criminal Justice** 

Juvenile Justice

Violence (IPV, DV, CAN)

# **Substance Use**& Populations

Rural

**Native Hawaiian** 

Sexual & Gender Minorities

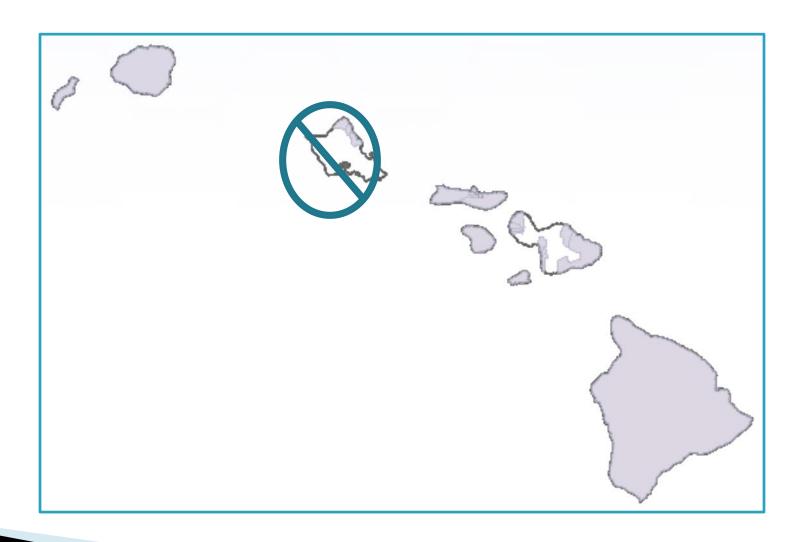
Pregnant & Parenting Women

Primary Care Integration





## Map Of Rural Hawaii





## Focus Groups 2018-19







### **Prevention needs**

\*Create a hub for online information sharing (done) \*Increase in-school training and after school activities that can take place at schools, churches and community centers but need buy-in from parents and need transportation.

- \*Identify behavioral health/mental health/social workers/support counselors within school systems which will also help decrease suicide.
- \*Identity support systems for families, provide therapy. Assist families to take ownership/responsibility.

#### More

- \*Create opportunities for treatment, if needed.
- \*Facilitate and strengthen family life skills/coping skills to kids and parents/resiliency training/protective factors.
- \*Implement Senior education (Kupuna education) regarding the dangers of opioids.
- \*Provider education-to decrease stigma and prescribe fewer narcotics.
- \*Create campaigns to change social norms and attitudes towards the acceptance of drug use.

#### More

- \*Create or partner to have a 24-hour health and wellness centers on each island/community.
- \*Fund alternative options to using opioids and other drugs.
- \*Identify safe and supportive housing for houseless families.
- \*Increase research into causes of substance use in specific populations.
- \*Identify ongoing/sustainable funding for prevention programs so they do not end prematurely.

#### **Treatment/Recovery Needs**

- \*Make it easy to get help: 24-hour centers for help, triage, treatment and support/crisis shelter can be at a church or community center.
- \*More detox beds in various facilities/settings.
- \*More rehab beds including both medical and social.
- \*More intensive outpatient treatment.
- \*More providers, especially Medication-Assisted Treatment (MAT) providers across the gender spectrum and sexual preference.

#### More

- \*Sober living communities including career opportunities for all i.e. job training/placement.
- \*Make changes to PDMP- making sure all controlled substances (dispensed and prescribed) are recorded in the PDMP/establish inter-state monitoring.
- \*Modify drug court to improve efficacy/better assistance and medical judgment on the ruling/ making Drug Court the first choice rather than the last choice
- \*Increase support groups-including non-abstinence and non-religious.

#### More

- \*Decrease shame, disparagement and stigma for individuals in recovery
- \*Outreach such as using community health workers, mobile outreach programs, or mental health emergency workers.
- \*Medicaid policies-increase payment with insurance providers, including travel for medications
- \*Coordination, connection and communication with providers, so treatment is smooth and coordinated,
- Improve health information exchange across providers and agencies.











Meet our Team

Island specific needs

	Prevention	Treatment/Recovery
Maui	Project Venture LGBT programs	Support groups for women, coordination for pregnant mothers in recovery to keep babies
Molokai	Need more school counselors; More family support; vocational training Involve churches more	Cultural acceptance for recovery; Senior education; 24-hour support; family support; suicide prevention.
East Hawaii	Transportation to activities, Un-normalize using drugs	Transportation, Medicaid taxi, more naloxone kits for EMS, community paramedics/covered by insurance, data/research
West Hawaii	Transportation, Law Enforcement Assisted Diversion, research, cultural needs	Transportation
Kauai	Focus on families, parents and young adults need life skills too Teach protective factors to decrease suicide	Prison services and transition; Emphasis on housing

# Strategic Planning

- \*December, 2019
- \*28 Participants from all Islands
- \*1/2 day
- \*Met at the airport
- \*Facilitated by HiPHI



## **Strategic Planning Results**

Prevention	High Importance	Low Importance
High Changeabilit Y	-Support/focus on family (multigenerational). Teach life skills/coping skills/resiliency training to increase protective factors -Have social workers and counselors in schools/increase school training (substance abuse+mental health) utilizing evidence-based programs for staff and youth	
Low Changeabilit y	-Identify sustainable funding for evidence-based prevention, intervention programs for communities  -Change in social norms and attitudes toward the acceptance of drug use through multifaceted educational campaigns, presentations, etc.  -To include kupuna campaign around dangers of opioid use -Identify and synthesize research into causes of substance abuse and culturally appropriate prevention/intervention programs for specific populations-include dissemination and translation for the community -Data informed approach	-After school activities can take place at schools, churches and community centers (with buy in from parents and transportation)

## **Strategic Planning Results**

Treatment/ Recovery	High Importance	Low Importan ce
High Changeability	-More MAT providers-at every treatment site (ED, inpt, inmates, PCP) -Bed availability (detox, rehab, sober living, crisis respite/24h recess, sober living as a part of public housing	
Low Changeability	-Medicaid: pays for all services; reduced prior auth requirements -Ohana: no IOP on Hawaii -PDMP: all controlled substances included, different providers, interstateCare Coordination: county specific; a one stop shop agency or provider 24/7; triage; coordination; referral; transport; wrap around care; outreach; workforce development; medical legal partnership; develop bed resources -Drug Court improvement: acceptance of MAT; improved identification of clients; better emphasis of medical judgement; acceptability of drug courts to clients; should drug court be the first choice?	

# What are we doing?



#### HawaiiUTelehealth.org

# FREE TELEHEALTH COUNSELING SERVICES FOR NEIGHBOR ISLANDS\*

\*Islands of the state of Hawaii other than Oahu

RURAL RESIDENTS OF HAWAII
GET FREE BEHAVIORAL HEALTH
CARE THROUGH
UNTIL 8/31/2023!







GET SEEN BY A PSYCHOLOGIST,
PSYCHIATRIST,
NURSE PRACTITIONER,
LICENSED MENTAL HEALTH
COUNSELOR,
CERTIFIED SUBSTANCE ABUSE
COUNSELOR.
HEALTH INSURANCE
NOT REQUIRED.

JUST GO TO HAWAIIUTELEHEALTH.ORG
OR CALL 808-375-2745. YOU ONLY
NEED AN EMAIL AND PHONE NUMBER
TO SIGN UP.

# THREE COMMON BARRIERS TO TELEHEALTH IN RURAL AREAS OF HAWAII

- 1) LACK OF A DEVICE TO USE
- 2) LACK OF STRONG CONNECTIVITY
- 3) LACK OF KNOWLEDGE OF HOW TO CONNECT SUCCESSFULLY

# DO YOU WANT TO TRY TELEHEALTH TO VISIT YOUR DOCTOR, BUT YOU DON'T KNOW HOW?



University of Hawaii Community Health Worker students will visit you to show you how!

If you don't have a device, we may be able provide one for you.

If you don't have internet, we can work with you to apply for inexpensive internet.

Let our telehealth coordinators help you:

# Looking to get online? Get a FREE refurbished computer after taking our Telehealth training!

#### Our 3-hour session will cover:

- Basic computer and internet functions
- Using Email
- How to avoid internet threats
- Using Zoom and Telehealth

Available free to all!

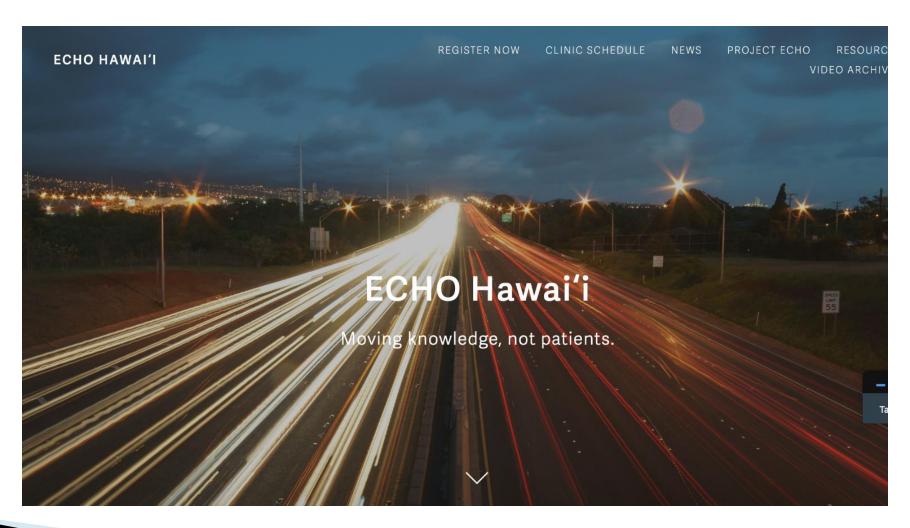
If you would like a class in your community contact us at ahec@hawaii.edu to sign up!

Or call 808-692-1060





### **Provider Training**



#### Re-entry Program Development

- There is a need to support re-entry program infrastructure across the state and collaboration among the islands.
- Kauai Community Corrections Center (KCCC) in partnership with Hawaii State Rural Health Association's, Hawaii Opioid Prevention and Education program (HOPE), and the Justice Community Opioid Innovation Network (JCOIN) have started a pilot treatment for opioid use disorder re-entry program. If successful, this program can be replicated to Maui and Hawaii Island.
- Maui, Hawaii Island and Kauai have developed unique re-entry programs based on their resources and strengths in their communities. More can be done by learning from each other.

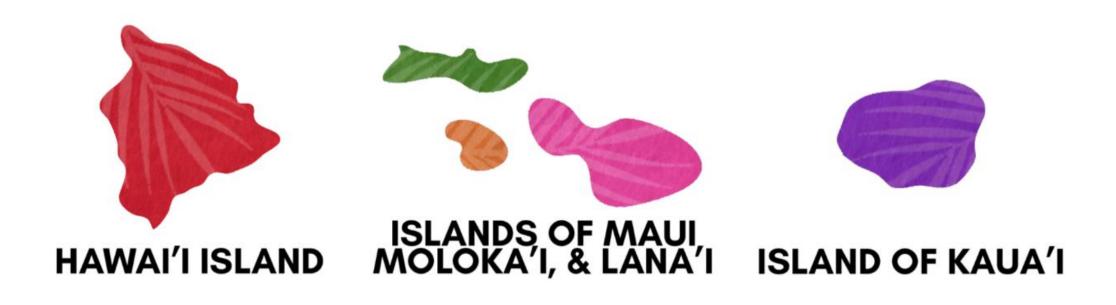
#### Prevention

- \*Working with Hawaii Opioid Initiative
  - Workgroup 4
  - Stigma Reduction
  - Resource card sharing
  - Outreach messaging
  - Prevention!!

### A definite 'win' for resource sharing

https://www.hawaiistateruralhealth.org/resources/opioidtreatment-prevention/





#### STATEWIDE TREATMENT & RECOVERY RESOURCES

Crisis Line: 1 (800) 753-6879 - Mental Health America of Hawai'i

Online Telepsychiatry & Telepsychology + Flyer - UTelehealth, Hawai'i Department of Health & University of Hawai'i JABSOM

Find local Buprenorphine Practitioners • Substance Use Facilities • Health Care Centers • Mental Health Facilities – SAMHSA (Substance Abuse and Mental Health Services Administration) Facility Locator

CARES (Coordinated Access Resource Entry System) of Hawai'i | Neighbor Islands 1 (800) 753-6879

### Substance Use Provider Training

A program to increase Buprenorphine waivered practitioners across the State of Hawaii.



## Questions?



Hawaii State Rural Health Association

Email: withy@hawaii.edu

Website: hawaiistateruralhealth.org

A draft volume of the ADAD State Plan System of Care Implications Chapters is available for public review and comment at <a href="https://health.hawaii.gov/substance-abuse/state-plan/">https://health.hawaii.gov/substance-abuse/state-plan/</a>

